Sunrise
HEALTH REGION

Report to the Community

2002-03

Working together...for healthy people in healthy communities

103-06621/

Table of Contents

Our mission, vision, and values	Page 4
Working together: The key to success	Page 5
Who We Are, Who We Serve	Page 6
Organizational Chart	Page 7
Initiatives & Accomplishments	Page 8
Health Status in Our Communities	Page 10
Challenges & Future Directions	Page 12

Financial Summaries

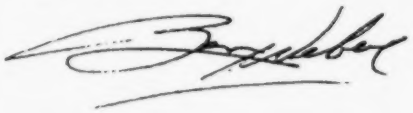
June 30, 2003

The Honourable John T. Nilson
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Nilson,

In accordance with the Tabling Documents Act, it is my pleasure to present to you, on behalf of the Sunrise Regional Health Authority, the Annual Report of the Sunrise Health Region, a reflection of the present and the fiscal period from April 1, 2002 to March 31, 2003.

Regards,



Ben Weber
Chair
Sunrise Regional Health Authority

How to reach us

With general inquiries: (306) 786-0100

With health service concerns/comments:
(306) 786-0746 (306) 786-0735 1-800-505-9220

or visit our web site at www.SunriseHealthRegion.sk.ca

Working together...for healthy people in healthy communities

OUR MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES THROUGH LEADERSHIP, COLLABORATION AND THE PROVISION OF HIGH QUALITY HEALTH SERVICES.

We will promote a positive work environment that is safe and secure, stimulating, challenging and enjoyable.

We will serve in a caring, concerned and compassionate manner.

We will provide the highest possible quality in all aspects of care and service delivery.

We will base our decisions on the best available evidence.

We will treat people with dignity, respect and trust.

We will communicate openly and honestly.

We acknowledge the rights and responsibilities of individuals, both in the receiving and delivery of care or service.

We will fulfill our mission by pursuing teamwork, partnership and collaboration.

We will be accountable for our actions to the people we serve and to each other.

We will be responsive to the culturally diverse needs of the people we serve.

Working together: The key to success

For the Sunrise Health Region, this year has been one of pulling together as an organization; while residents who accessed health services in recent months may have seen no difference in how they are delivered, there has been a great deal of work behind the scenes integrating the processes and systems of the three former health districts that now make up the Sunrise Health Region. A great deal of credit for the smooth transition goes to our highly dedicated staff and medical community.

Locally, provincially and nationally, our health system is functioning with finite resources. An aging population, continual advances in medical technology and the challenge of recruiting and retaining health care professionals all continue to stretch those resources.

It is crucial, therefore, that health care organizations work with a common vision and shared priorities; if we are to make the most of our human and financial resources, we must all be moving in the same direction, with a clear sense of what we want to accomplish and where we will invest those resources.

It was in that spirit that we developed our goals and objectives to align with the provincial government's *Action Plan for Saskatchewan Health Care*, a strategy for improved access to services, effective health promotion, and the retention and recruitment of health care providers. While the Sunrise Regional Health Authority's goals and objectives are tailored to meet the specific needs of our local communities, they also support the provincial vision for a health care system in which services are delivered safely and sustainably to urban and rural residents alike.

It is one thing to set goals; it is another to ensure that we are making progress toward attaining them. As part of our commitment to a health care system that is accountable and accessible, the region will be developing a number of specific indicators and means of measuring our progress. Are more residents accessing general surgeries locally? Are there improvements in the health of our Aboriginal communities? Are we making efficient and effective use of our health care dollars? These are the types of issues we need to monitor.

Here, then, are the Sunrise Regional Health Authority's goals and objectives:

Improved Access to Quality Health Services

-- Responsive, coordinated Primary Health Care

-- To provide for the core surgical needs of area residents within the Health Region, and encourage the use of local services when appropriate.

-- Improved services, across the continuum of care

Effective Health Promotion and Disease Prevention

-- Better promotion of health and disease prevention targeting provincial priorities and regional priorities.

-- Improve the health of aboriginal communities.

Retain, Recruit and Train Health Providers

-- Improve utilization and availability of health human resources

-- Develop representative workplaces

-- Create healthier, more effective workplaces

-- Ensure coordinated health human resource planning.

A Sustainable, Efficient, Accountable and Quality Health System

-- Ensure quality, effective care.

-- Appropriate governance, accountability and management for the health sector

-- Fiscal responsibility

-- Analyze services for sustainability.

We look forward to sharing our progress on these fronts in future Annual Reports. In the meantime, on behalf of the Sunrise Regional Health Authority, I want to extend heartfelt thanks to our staff, physicians, volunteers and community partners. Together, we are building a network of care and services of which we can be truly proud.

Ben Weber
Chair, Sunrise Regional Health Authority

If we are to make the most of our resources, we must all be moving in the same direction, with a clear sense of what we want to accomplish and where we will invest those resources.

Who We Are, Who We Serve

The Sunrise Regional Health Authority provides health services to the residents of 53 cities, towns and villages, 28 rural municipalities and three First Nations in east central Saskatchewan, roughly 60,400 Saskatchewan residents in total.

The Sunrise Regional Health Authority began its existence as Regional Health Authority #5 on August 1, 2002, when responsibility for health services was transferred by the Government of Saskatchewan to the RHA from the former Assiniboine Valley, East Central and North Valley health districts.

The Sunrise Regional Health Authority now provides health services to the residents of 53 cities, towns and villages, 28 rural municipalities and three First Nations in east central Saskatchewan, roughly 60,400 Saskatchewan residents in total.

Roughly 2,800 staff members in the region provide and support health care through community-based services and within our 24 facilities. The region's head offices are located in Yorkton, a city of 16,000 residents which is both the largest and the most central community in the Sunrise Health Region.

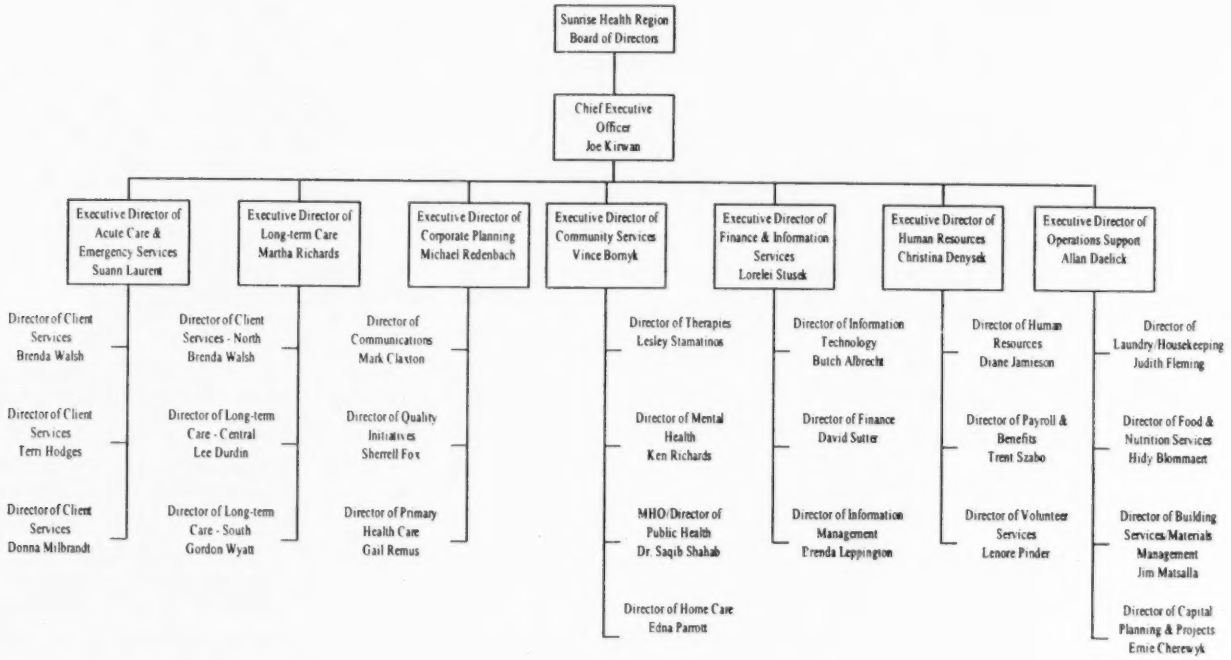
The affairs of the region are guided by the Sunrise Regional Health Authority, a 12-person governing body, the members of which are appointed by the Government of Saskatchewan. The Regional Health Authority appoints a Chief Executive Officer, who is responsible for the general administration and organization of the region.

Members of the Sunrise Regional Health Authority Board are:
Ben Weber, Chair, of Yorkton; a retired psychiatric nurse, former alderman and mayor
Ivan Peterson, Vice Chair, of Hazel Dell, a retired teacher and farmer;
Albert Seib of Melville, a farmer
Alvin Joe Garchinski of Ituna, retired manager
Audrey Horkoff of Kamsack, farmer/rancher
Bev Whitehawk of Kamsack, health director
Beverly Kostichuk of Insinger, farmer, social worker
Irene Adams of Langenburg, retired teacher
Janet Hill of Yorkton, businessperson
Jennie Ortynsky of Canora, retired nurse
John Nightingale of Esterhazy, retired mining industry executive, mayor
Raymond King of Foam Lake, mayor

Standing, from left to right: Janet Hill, Albert Seib, Ivan Peterson (vice-chair), Raymond King, Alvin Joe Garchinski. Seated, from left to right: John Nightingale, Jennie Ortynsky, Irene Adams, Audrey Horkoff, Ben Weber (chair). Not pictured: Bev Whitehawk, Beverly Kostichuk.

SUNRISE HEALTH REGION
SENIOR MANAGEMENT ORGANIZATION CHART

The following chart illustrates the structure of management within the Sunrise Health Region. Seven Executive Directors oversee the work of 23 program directors, who in turn work with the region's 2,700 employees in delivering and supporting health services.


Sunrise Health Region Board of Directors
Chief Executive Officer Joe Kirwan
Executive Director of Acute Care & Emergency Services Suann Laurent
Director of Client Services Brenda Walsh
Director of Client Services Terri Hodges
Director of Client Services Donna Milbrandt
Executive Director of Long-term Care Martha Richards
Director of Client Services - North Brenda Walsh
Director of Long-term Care - Central Lee Durdin
Director of Long-term Care - South Gordon Wyatt
Executive Director of Corporate Planning Michael Redenbach
Director of Communications Mark Claxton
Director of Quality Initiatives Sherrell Fox
Director of Primary Health Care Gail Remus
Executive Director of Community Services Vince Bornyk
Director of Therapies Lesley Stamatinos
Director of Mental Health Ken Richards
MHO/Director of Public Health Dr. Saqib Shahab
Director of Home Care Edna Parrott
Executive Director of Finance & Information Services Lorelei Stusek
Director of Information Technology Butch Albrecht
Director of Finance David Sutter
Director of Information Management Brenda Leppington
Executive Director of Human Resources Christina Denysek
Director of Human Resources Diane Jamieson
Director of Payroll & Benefits Trent Szabo
Director of Volunteer Services Lenore Pinder
Executive Director of Operations Support Allan Daelick
Director of Laundry/Housekeeping Judith Fleming
Director of Food & Nutrition Services Hidy Blommaert
Director of Building Services/Materials Management Jim Matsalla
Director of Capital Planning & Projects Ernie Cherewyk

Snapshot stats

Total population: 60,383

Annual operating budget: $122,105,601

Employees: 2,785

Physicians: 57

Ambulance services: 9

Facilities: 24

Acute care beds: 185

Long-term care beds: 885

Initiatives & Accomplishments

The Healthy Perspective, *on Access television, features interviews with health professionals from the Sunrise Health Region, and up-to-date information on how to take care of yourself and those you care about.*

6 p.m. Thursdays in Yorkton, Melville

7 p.m. Thursdays in Canora, Kamsack, Norquay

7 p.m. Wednesdays in Esterhazy, Churchbridge, Saltcoats, Brendenbury, Springside and Theodore

Integration of operations, systems

Even before the Sunrise Health Region officially came into being in August of 2002, the three former health districts that made up its borders employed many partnerships in the delivery of health services and programs, taking advantage of shared expertise and resources in order to optimize the services that could be offered to residents of east-central Saskatchewan.

Nonetheless, the past year has been one of significant transition as the operations of three separate organizations are integrated into one. With 2,700 employees and a combined annual operating budget of roughly $120 million, many complex processes in the areas of payroll, finance, purchasing, and human resources have undergone major change-- change that will continue as new integrated processes are introduced.

It was the wish of the provincial government and the Regional Health Authority that there be no significant interruption or change in frontline services during the new health region's formative months. While the transition will take some time, it is important that the efficiencies of a larger organization do not come at the cost of accessible and appropriate services at the local level.

Following is a sampling of other important initiatives and accomplishments within the Sunrise Health Region in 2002 and early 2003.

Multipurpose health facility

The planned multipurpose health care facility in Yorkton moved one step closer to reality with approval from Saskatchewan Health of the project's overall role and scope.

SaskHealth officials confirmed plans for a facility that will include 93 long-term care beds, adult day care programming, therapies, and a central kitchen. Plans to renovate Anderson Lodge for the housing of Community Health Services were also approved.

The planned multipurpose facility will adjoin the Yorkton & District Nursing Home immediately east of the Yorkton Regional Health Centre. It will replace the aging facilities in Park and Prairie Units and Anderson Lodge that no longer meet current standards for long-term care. It is estimated that tenders for construction of the facility will be awarded in late fall of this year, with construction beginning soon after. Occupation of the facility is projected for late spring of 2005.

Surgical services strengthened

In early June, general surgeon **Dr. Nashat S. Wanis** arrived in Yorkton from Sligo, Ireland with his wife and 10-year-old son. Dr. Wanis will join Drs. A.Y. Kenshil and I. E. Daunt in performing general surgeries at the Yorkton Regional Health Centre. He will also assume the role of Chief of Surgery with the health region, overseeing quality review and improvement as it pertains to surgical services.

Dr. Wanis's presence will result in a greater number of area residents accessing surgical services within Sunrise Health Region, a key in the region's efforts to strengthen its core surgical services.

Clinical and surgical services at the Yorkton Regional Health Centre will be further enhanced when an on-site pathologist arrives this summer from New Zealand.

Dr. Nava Nawaz will begin her work in Yorkton in late July of this year. Her expertise in diagnosing disease in tissues and fluids will mean decreased turnaround time in laboratory testing, enhancing diagnostic accuracy and lessening anxiety for the patient and their families. The presence of a pathologist will also assist in attracting other physicians to the region.

Other recruitments

Several other hard-to-recruit positions have been filled this past year within Community Services. Joining the Sunrise Health Region this year are Rhonda Shultz, Speech Language Pathologist, Bryon Miller, Public Health Inspector, and Praveen Ahuja, Physical Therapist.

The Region reached its full complement of psychiatrists with the arrival in February of Dr. Hermanus Lombard.

Health promotion planning workshop
A community based intersectoral workshop held in collaboration with Saskatchewan Health identified health promotion needs and priorities in east-central Saskatchewan. There were 62 participants representing health, education, social services and several community agencies. The information will be very useful in health promotion planning in the region.

First PALLIUM course in Saskatchewan
In March, the Sunrise Health Region became the first region in Saskatchewan to offer a unique weekend course on palliative care, specifically designed for rural physicians, registered nurses and pharmacists collaborating on the delivery of palliative care in rural community and hospital settings. The PALLIUM Regional Weekend Course was led by Dr. José Pereira, Alberta Cancer Foundation Professor in Palliative Medicine.

New Telehealth site announced
Patients and health providers in local communities will benefit from an expansion of Telehealth services announced in early June by Health Minister John Nilson. A new Telehealth site in Yorkton is part of an expansion that takes in Regina Qu'Appelle and four other regions. The Yorkton-based site will improve rural patients' access to specialists in cities, and help to retain rural doctors and other health care professionals who want to stay connected to their urban colleagues. The service will also allow health professionals to have access to research and educational opportunities.

Community Advisory Networks
Comprised of representatives from various populations within the Sunrise Health Region's borders, Community Advisory Networks will provide input to the Regional Health Authority on general issues of health and wellness that affect area residents. The Region has developed a plan outlining the number of committees that will be established, their role and the process for forming the committees, and will begin seeking committee members this fall.

Joleen Cherland (left) and Edna Parrott (right) were among the facilitators at the PALLIUM palliative care course.

LPN utilization
Licensed Practical Nurses have been enabled to work within their full licensed scope of practice in a number of health facilities throughout the region. Agreements between the health region and the unions representing Registered Nurses and LPNs mean nurses can work together effectively with physicians to offer patients a full range of care and services.

Balanced budget
The health region ended its 2002-2003 fiscal year within budget, finishing the year with a surplus of $1 million that will be dedicated to capital equipment needs throughout the region.

Award-winning health promotion
A diabetes prevention television message developed in partnership with CICC-TV was awarded an honourable mention in the Television Bureau of Canada (TVB) 2002 Retail Commercial Awards.

A new Telehealth site in Yorkton is part of an expansion that takes in Regina Qu'Appelle and four other regions. The Yorkton-based site will improve rural patients' access to specialists in cities, and help to retain rural doctors and other health professionals who want to stay connected to their urban colleagues.

Health Status in Our Communities

The *2002 Health Status Report*, prepared by Medical Health Officer Dr. Saqib Shahab, compiles information regarding health determinants and disease/injury rates within the Sunrise Health Region. The report is an important tool for the region and local agencies in understanding the health needs of area residents and improving the factors that affect our health.

A number of the health status indicators included in the report will be monitored and used to evaluate the health region's progress in working for healthy people in healthy communities.

The complete 2002 Health Status Report is available online at www.shr.sk.ca. Visitors can download the report in its entirety, or download a Power Point presentation that highlights its main features.

DEMOGRAPHIC PROFILE

As of 2000, the total population of Sunrise Health Region encompassed 60,383 individuals, with approximately 71 per cent living in cities, towns or villages.

There were slightly more females (51 per cent) in the region than males (49 per cent), particularly after the age of 55, probably attributed to the longer average life expectancy of females.

In Sunrise Health Region, 5.26 per cent of the population is of aboriginal descent.

SOCIAL ENVIRONMENT

The average income in Sunrise Health Region is $18,886 compared to Saskatchewan's average income of $22,541.

The incidence of low-income families is 19.5 per cent compared to the provincial rate of 18.3 per cent.

Canada's overall unemployment rate was 3.5 per cent above Sunrise Health Region in 1996, but the difference has now decreased to 0.7 per cent. This was due to a decrease in the Canadian rate and an increase in Sunrise Health Region's rate.

The 2001 rates of unemployment were 6.5 per cent in the region, 5.8 per cent in Saskatchewan, and 7.2 per cent in Canada.

22 per cent of people in Sunrise Health Region have less than a Grade 9 education, compared to 13 per cent in Saskatchewan. The rate in the region has dropped 21 per cent from 1996 and the trend is expected to continue as levels of people with post-secondary education increase.

PHYSICAL ENVIRONMENT

Fewer households in Sunrise Health Region (15 per cent) spend more than 30 per cent of their total household income on shelter expenses when compared to the provincial average (18.5 per cent).

Air quality is considered to be good in Saskatchewan overall, with Sunrise Health Region cited as having levels of pollution too low to be detected.

Drinking water is primarily obtained from groundwater sources in the region. Issues of quantity, aesthetic quality and public health safety continue to be addressed by Saskatchewan Environment, Public Health Inspection and Urban and Rural Municipalities.

MORBIDITY AND MORTALITY

Life expectancy in Sunrise Health Region is comparable to the Saskatchewan and Canadian rates.

Potential life years lost (PYLL) in the region are significantly higher than Canadian rates, with significant increases present for cancer, circulatory disease, and respiratory diseases.

The crude mortality rate for Sunrise Health Region is higher than the Saskatchewan rate, but when standardized for age the rate becomes comparable. The top three causes of potential years of life lost in the province are cancer, injuries, and heart disease.

Significantly higher numbers of people are considered to have moderate to severe functional health problems in both Sunrise Health Region and Saskatchewan, when compared to Canada.

When comparing the region to similar regions and Canada there are higher levels of stress, obesity, and smoking.

CHRONIC DISEASE

The prevalence of high blood pressure in Sunrise Health Region is significantly higher than in Saskatchewan and Canada. Potential years of life lost, cases in the hospital, and mortality rates are also higher for circulatory disease.

The incidence of cancer is generally lower in Sunrise Health Region. PYLL due to all malignant cancers is higher in the region compared to Saskatchewan and Canada, but the numbers of cancer cases are lower than similar regions.

Sunrise Health Region has a significantly higher incidence of people diagnosed with arthritis or rheumatism.

Significantly higher numbers of people report having pain or discomfort limiting activities in the region than in Saskatchewan and Canada.

There is no statistically significant difference in the prevalence of diabetes for Sunrise Health Region compared to Saskatchewan and Canada.

Similar rates of asthma are seen in the region as in Saskatchewan and Canada. PYLL due to respiratory conditions are higher in Sunrise Health Region compared to Canada and Saskatchewan, and mortality due to respiratory diseases is not different for the region.

INJURIES

Injuries are a leading cause of death, disability, and years of life lost in Canada. Canada ranks 18th out of the 26 industrialized countries for injury deaths of children.

Individually, one hospitalization due to injury is estimated to cost $3,500 in direct and indirect costs.

Estimates are that for each death of a child there are 40 hospitalizations, 670 emergency room visits, and 1340 injuries treated at home.

To address this issue, effective injury control strategies need to include the human factor as well as the physical and social environment where the injury occurs.

In Sunrise Health Region, 1,074 injuries requiring hospitalization occurred to children under 20 years of age from 1995 to 1999.

BEHAVIOUR AND HEALTH

On average, the residents of Sunrise Health Region rate their health as fair or poor more often than Saskatchewan and Canada.

The rates of people who smoke in the region are higher than most comparable regions.

In Sunrise Health Region, 43.5 per cent of people are obese and fewer people are physically active; in addition, fewer people in Sunrise Health Region eat the recommended 5-10 servings of fruits and vegetables per day compared to the Canadian rate.

FAMILY HEALTH

Sunrise Health Region has a lower incidence of sexually transmitted disease than does Saskatchewan.

Overall, the region has lower teen pregnancy rates than the province.

A higher percentage of babies are breastfed for three months or longer in Sunrise Health Region, compared to the rest of Canada.

The rate of admission to hospital of children for respiratory illnesses is decreasing, although it still remains higher than the provincial average.

Children in the region had fewer cavities in 1998-1999 than in 1993-1994, but the percentage of children not receiving necessary dental treatment is also rising.

Fifty per cent of women aged 50 to 69 received mammograms within the last two years and 73 per cent of women aged 18 to 69 received pap smears within the last three years in Sunrise Health Region, consistent with provincial and national rates.

MENTAL HEALTH

There is less incidence of depression in males than females.

According to the Canadian community health survey, there is a greater incidence of people reporting high stress levels in Sunrise Health Region as compared to similar regions in Saskatchewan and overall in Canada.

Potential Years of Life Lost (PYLL) due to unintentional injuries and suicides are significantly lower in the region than in both Saskatchewan and Canada.

The crude mortality rate for Sunrise Health Region is higher than the Saskatchewan rate, but when standardized for age the rate becomes comparable. The top three causes of potential years of life lost in the province are cancer, injuries, and heart disease.

Health Status in Our Communities

The *2002 Health Status Report*, prepared by Medical Health Officer Dr. Saqib Shahab, compiles information regarding health determinants and disease/injury rates within the Sunrise Health Region. The report is an important tool for the region and local agencies in understanding the health needs of area residents and improving the factors that affect our health.

A number of the health status indicators included in the report will be monitored and used to evaluate the health region's progress in working for healthy people in healthy communities.

The complete 2002 Health Status Report is available online at www.shr.sk.ca. Visitors can download the report in its entirety, or download a Power Point presentation that highlights its main features.

DEMOGRAPHIC PROFILE

As of 2000, the total population of Sunrise Health Region encompassed 60,383 individuals, with approximately 71 per cent living in cities, towns or villages.

There were slightly more females (51 per cent) in the region than males (49 per cent), particularly after the age of 55, probably attributed to the longer average life expectancy of females.

In Sunrise Health Region, 5.26 per cent of the population is of aboriginal descent.

SOCIAL ENVIRONMENT

The average income in Sunrise Health Region is $18,886 compared to Saskatchewan's average income of $22,541.

The incidence of low-income families is 19.5 per cent compared to the provincial rate of 18.3 per cent.

Canada's overall unemployment rate was 3.5 per cent above Sunrise Health Region in 1996, but the difference has now decreased to 0.7 per cent. This was due to a decrease in the Canadian rate and an increase in Sunrise Health Region's rate.

The 2001 rates of unemployment were 6.5 per cent in the region, 5.8 per cent in Saskatchewan, and 7.2 per cent in Canada.

22 per cent of people in Sunrise Health Region have less than a Grade 9 education, compared to 13 per cent in Saskatchewan. The rate in the region has dropped 21 per cent from 1996 and the trend is expected to continue as levels of people with post-secondary education increase.

PHYSICAL ENVIRONMENT

Fewer households in Sunrise Health Region (15 per cent) spend more than 30 per cent of their total household income on shelter expenses when compared to the provincial average (18.5 per cent).

Air quality is considered to be good in Saskatchewan overall, with Sunrise Health Region cited as having levels of pollution too low to be detected.

Drinking water is primarily obtained from groundwater sources in the region. Issues of quantity, aesthetic quality and public health safety continue to be addressed by Saskatchewan Environment, Public Health Inspection and Urban and Rural Municipalities.

MORBIDITY AND MORTALITY

Life expectancy in Sunrise Health Region is comparable to the Saskatchewan and Canadian rates.

Potential life years lost (PYLL) in the region are significantly higher than Canadian rates, with significant increases present for cancer, circulatory disease, and respiratory diseases.

The crude mortality rate for Sunrise Health Region is higher than the Saskatchewan rate, but when standardized for age the rate becomes comparable. The top three causes of potential years of life lost in the province are cancer, injuries, and heart disease.

Significantly higher numbers of people are considered to have moderate to severe functional health problems in both Sunrise Health Region and Saskatchewan, when compared to Canada.

When comparing the region to similar regions and Canada there are higher levels of stress, obesity, and smoking.

CHRONIC DISEASE

The prevalence of high blood pressure in Sunrise Health Region is significantly higher than in Saskatchewan and Canada. Potential years of life lost, cases in the hospital, and mortality rates are also higher for circulatory disease.

The incidence of cancer is generally lower in Sunrise Health Region. PYLL due to all malignant cancers is higher in the region compared to Saskatchewan and Canada, but the numbers of cancer cases are lower than similar regions.

Sunrise Health Region has a significantly higher incidence of people diagnosed with arthritis or rheumatism.

Significantly higher numbers of people report having pain or discomfort limiting activities in the region than in Saskatchewan and Canada.

There is no statistically significant difference in the prevalence of diabetes for Sunrise Health Region compared to Saskatchewan and Canada.

Similar rates of asthma are seen in the region as in Saskatchewan and Canada. PYLL due to respiratory conditions are higher in Sunrise Health Region compared to Canada and Saskatchewan, and mortality due to respiratory diseases is not different for the region.

INJURIES

Injuries are a leading cause of death, disability, and years of life lost in Canada. Canada ranks 18th out of the 26 industrialized countries for injury deaths of children.

Individually, one hospitalization due to injury is estimated to cost $3,500 in direct and indirect costs.

Estimates are that for each death of a child there are 40 hospitalizations, 670 emergency room visits, and 1340 injuries treated at home.

To address this issue, effective injury control strategies need to include the human factor as well as the physical and social environment where the injury occurs.

In Sunrise Health Region, 1,074 injuries requiring hospitalization occurred to children under 20 years of age from 1995 to 1999.

BEHAVIOUR AND HEALTH

On average, the residents of Sunrise Health Region rate their health as fair or poor more often than Saskatchewan and Canada.

The rates of people who smoke in the region are higher than most comparable regions.

In Sunrise Health Region, 43.5 per cent of people are obese and fewer people are physically active; in addition, fewer people in Sunrise Health Region eat the recommended 5-10 servings of fruits and vegetables per day compared to the Canadian rate.

FAMILY HEALTH

Sunrise Health Region has a lower incidence of sexually transmitted disease than does Saskatchewan.

Overall, the region has lower teen pregnancy rates than the province.

A higher percentage of babies are breastfed for three months or longer in Sunrise Health Region, compared to the rest of Canada.

The rate of admission to hospital of children for respiratory illnesses is decreasing, although it still remains higher than the provincial average.

Children in the region had fewer cavities in 1998-1999 than in 1993-1994, but the percentage of children not receiving necessary dental treatment is also rising.

Fifty per cent of women aged 50 to 69 received mammograms within the last two years and 73 per cent of women aged 18 to 69 received pap smears within the last three years in Sunrise Health Region, consistent with provincial and national rates.

MENTAL HEALTH

There is less incidence of depression in males than females.

According to the Canadian community health survey, there is a greater incidence of people reporting high stress levels in Sunrise Health Region as compared to similar regions in Saskatchewan and overall in Canada.

Potential Years of Life Lost (PYLL) due to unintentional injuries and suicides are significantly lower in the region than in both Saskatchewan and Canada.

The crude mortality rate for Sunrise Health Region is higher than the Saskatchewan rate, but when standardized for age the rate becomes comparable. The top three causes of potential years of life lost in the province are cancer, injuries, and heart disease.

Challenges & Future Directions

The Sunrise Health Region's first year has been marked by significant accomplishments and forward motion, thanks to the dedication and skills of our staff, medical professionals, volunteers, affiliates and partners in the community. While this report has highlighted a few of those accomplishments, there have been far more that have gone unreported, hundreds of examples of outstanding service and contribution as well as improvements and enhancements to our services and operations brought about by staff initiative and forward thinking.

At the same time, the year has not been without its challenges and difficulties; our health system is under continuing pressure, locally and globally, as we struggle to deliver quality care that is appropriate and sustainable within the limits of our financial and human resources. As creative and proactive solutions are sought, there will be continuing change in the ways health services are delivered. Through it all, the Sunrise Health Region's commitment will be to delivering high quality services and improving the health and wellbeing of area residents.

Saskatchewan Health's primary health care plan calls for an integrated system of health services delivered by multidisciplinary teams of care providers and available on a 24-hour, seven-day-a-week basis to all of the province's residents within 10 years.

The implementation of a Primary Health Care Plan in the region will be a significant part of our future direction in the months and years ahead. Saskatchewan Health's primary health care plan calls for an integrated system of health services delivered by multidisciplinary teams of care providers and available on a 24-hour, seven-day-a-week basis to all of the province's residents within 10 years.

Following is a sampling of some of the key challenges faced by the health region, along with the general strategies planned for addressing them.

Staffing, retention and recruitment

A deficit of Registered Nurses and other health care providers has resulted at times in serious staffing shortages, particularly in the areas of emergency and outpatient services. Despite intensive efforts to recruit nurses to the Foam Lake Health Centre, for example, emergency and outpatient hours have had to be reduced at that facility because there are not enough staff to safely provide around-the-clock services. Other facilities in the region also continue to experience staffing difficulties that will need to be

Norquay Health Centre staff attend to a young patient and her mother.

addressed in the short and longer terms. The Sunrise Health Region will be working with the people of Foam Lake in the weeks and months ahead to develop strategies for ensuring safe and sustainable services.

The region has implemented a number of strategies for the recruitment of nurses and other hard-to-recruit positions, including a guarantee of full-time hours, educational bursaries in return for a commitment to work within the region for an agreed time period, and the use of recruitment firms. A Recruitment Forum was hosted by the region's Human Resources team in April, with ideas and suggestions for recruitment gathered from staff who attended.

Core surgical services

According to statistics provided by Saskatchewan Health, 245 residents from the Sunrise Health Region received general surgery in Yorkton in 2000/01, while 481 residents were required to travel outside the region to receive general surgery. The retention rate for Yorkton in 2000/01 was 33.7 per cent, below other health regions such as Prairie North (43.6 percent) and Five Hills (73.4 percent).

The region has therefore taken action to stabilize core surgical services at the Yorkton Regional Health Centre, recruiting a general surgeon and pathologist and working to secure a full complement of internists (internal medicine specialists).

The region's surgical services plan allows for the possibility of recruiting additional specialists after core surgical services are stabilized.

Representative workforce

One of the Regional Health Authority's goals is to achieve a workforce that is representative of the health region's population. Efforts are therefore under way to increase the number of Aboriginal persons in health occupations. All external job postings are now provided to Aboriginal organizations including the Yorkton Tribal Council, Federation of Saskatchewan Indian Nations (FSIN) and Dumont Technical Institute (DTI). Job shadowing and work experience have been successfully offered to high school-level students in Cowesses First Nations and Keeseekoose First Nations.

An Aboriginal Employment Partnership Steering Committee has been given the mandate to identify and pursue further regional initiatives.

Long-term care

A number of factors will continue to put pressure on long-term care services within the region. The proportion of area residents aged 75 years or more is projected to increase in the short-term before beginning a slight decline. Long-term care residents typically require high levels of care and are often highly immuno-compromised, making them susceptible to the threat of infectious disease. This places significant demand on nurses and other staff and makes staffing issues difficult to cope with. Sunrise Health Region will continue to seek increased collaboration with staff and health service unions to address these challenges. In addition, the establishment of 'best practices' that are acknowledged province-wide will help us to optimize our resources and ensure that our long-term care clients receive care that respects their dignity and meets their needs.

Capital equipment and construction

There is an increasingly acute need to replace aging equipment and repair infrastructure in facilities throughout the region.

A $1 million fund has been established with the region's 2003-03 fiscal surplus that will be dedicated to capital equipment needs. Saskatchewan Health will provide $732,000 in funding this coming year for capital equipment and $3.75 million for capital construction.

The Health Foundation of East Central Saskatchewan purchased $938,000 in important medical equipment last year, including state-of-the-art x-ray units and hemodialysis units, for the facilities of the Sunrise Health Region.

Sunrise Health Region is developing a prioritized capital needs plan and will continue to work with Saskatchewan Health and The Health Foundation to secure the funds necessary to address capital needs.

The region has taken action to stabilize core surgical services at the Yorkton Regional Health Centre, recruiting a general surgeon and pathologist and working to secure a full complement of internists.

Notes

FINANCIAL STATEMENTS

Sunrise Regional Health Authority

Year Ended March 31, 2003

Sunrise Regional Health Authority

Yorkton, Saskatchewan

March 31, 2003

Table of Contents

	Page
Auditors' Report	1
Consolidated Statement of Financial Position	2
Consolidated Statement of Operations and Changes in Fund Balances	3
Consolidated Statement of Cash Flow	4
Notes to Consolidated Financial Statements	5-17
Schedule of Restricted Fund Balances	18
Schedule of Expenses by Object	19
Schedule of Cash and Investments	20
Schedule of Externally Restricted Funds	21
Schedule of Internally Restricted Reserves	22

PARKER QUINE LLP

Chartered Accountants Business Advisors

Auditors' Report

To the Board of Directors
Sunrise Regional Health Authority

We have audited the Consolidated Statement of Financial Position of Sunrise Regional Health Authority as at March 31, 2003 and the Consolidated Statements of Operations and Changes in Fund Balances and Cash Flow for the year then ended. The health board's management is responsible for preparing the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Sunrise Regional Health Authority as at March 31, 2003 and the results of its operations and the changes in cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

PARKERQUINE LLP

Per:

Yorkton, SK
June 4, 2003

Sunrise Regional Health Authority

Consolidated Statement of Financial Position
March 31, 2003

Statement 1

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Total 2003	Total 2002
Assets					
Current Assets					
Cash and short-term investments (schedule 3)	83,236	2,897,265	2,051,572	5,032,073	4,802,621
Accounts receivable					
Saskatchewan Health	1,578,856	2,429,855		4,008,711	4,036,050
Other	1,791,436	129,882	6,738	1,928,056	1,901,275
Inventories	1,209,085			1,209,085	1,571,689
Prepaid expenses	824,228			824,228	743,968
	5,486,841	5,457,002	2,058,310	13,002,153	13,055,603
Investments (schedule 3)	346,315	53,000	144,954	544,269	629,188
Capital Assets (note 3)	0	58,670,054	0	58,676,054	56,966,599
Total Assets	$ 5,833,156	$ 64,186,056	$ 2,203,264	$ 72,222,476	$ 70,651,390
Liabilities and Fund Balances					
Current Liabilities					
Bank indebtedness - note 14(d)	13,224,863			13,224,863	11,913,715
Accounts payable	1,595,463	118,408		1,713,871	4,068,272
Accrued liabilities					
Vacation payable	7,494,811			7,494,811	6,826,886
Accrued salaries and benefits	1,924,847			1,924,847	1,798,710
Other accrued liabilities	2,644,701	160,595		2,805,296	2,714,429
Deferred revenue (note 7)	1,221,240			1,221,240	1,089,250
Current portion of long-term debt (note 5)		1,291,388		1,291,388	760,019
	28,105,925	1,570,391	0	29,676,316	29,171,281
Long-Term Liabilities					
Mortgages payable (note 5)		14,181,009		14,181,009	14,976,018
Obligations under capital lease (note 6)		33,156		33,156	64,711
	0	14,214,165	0	14,214,165	15,040,729
Fund Balances - statement 2					
Invested in capital assets		43,170,501		43,170,501	41,164,057
Externally restricted (schedule 4)		242,747	2,203,264	2,446,011	3,106,022
Internally restricted (schedule 5)	150,809	4,988,252		5,139,061	3,814,972
Unrestricted	(22,423,578)			(22,423,578)	(21,645,671)
	(22,272,769)	48,401,500	2,203,264	28,331,995	26,439,380
Total Liabilities and Fund Balances	$ 5,833,156	$ 64,186,056	$ 2,203,264	$ 72,222,476	$ 70,651,390

Approved on behalf of the Board of Directors:

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Consolidated Statement of Operations and Changes in Fund Balances
For the year ended March 31, 2003

Statement 2

	Operating Fund			Restricted Funds	
	Budget 2003 (note 13)	Total 2003	Total 2002	Total 2003 (schedule 1)	Total 2002
Revenue					
Saskatchewan Health - General Revenue Fund	97,286,148	99,865,889	93,213,543	4,054,886	2,169,419
Long-term resident fees and respite income	9,857,021	9,834,138	9,843,476		
Home-based service client fees	489,000	512,122	487,521		
Emergency response service fees	274,604	271,355	326,736		
CMHC mortgage subsidies				284,815	366,827
Out-of-province charges and third-party reimbursements	2,069,454	2,421,287	2,096,998		
Transfers from foundation/donations		25,457	11,297	2,048,876	4,455,291
Investment income	44,820	33,958	31,184	95,412	215,062
Regional laundry fees	46,710	30,898	53,055		
Ancillary operations	241,460	324,539	146,365		
Other	2,882,611	3,145,299	2,671,184		42,236
	113,191,828	116,464,942	108,881,359	6,483,989	7,248,835
Expenses (schedule 2)					
Acute services	43,499,553	45,039,052	41,556,884	2,469,778	2,198,732
Specialized hospital services	995,999	959,568	654,615		
Supportive care services	44,133,914	46,229,948	44,851,117	2,716,188	2,351,367
Home-based services	8,760,886	8,484,218	8,263,756	56,030	82,583
Health improvement initiatives	1,250,705	1,095,998	1,191,153	599	3,363
Health & Wellness Centres			342,989		3,259
Community care initiatives	133,047	135,489	157,368		2,316
Emergency response services	2,528,256	2,758,814	2,626,634	29,888	70,329
Alcohol and drug services	175,628	177,112	193,354	671	1,220
Community health services	4,118,233	3,689,014	3,021,563	9,151	12,100
Mental health services	6,518,441	6,279,661	5,874,413	13,040	33,912
Rehabilitation services	375,742	368,197	511,420	135	3,304
Regional laundry services	326,060	203,658	193,606	340,107	391,301
	112,816,464	115,420,729	109,438,872	5,635,587	5,153,786
Excess (Deficiency) of Revenues Over Expenses	$ 375,364	1,044,213	(557,513)	848,402	2,095,049
Fund balances, beginning of year		(21,351,876)	(19,949,730)	47,791,256	44,851,574
Interfund transfers (note 15)		(1,965,106)	(844,633)	1,965,106	844,633
Fund Balances, End of Year		$(22,272,769)	$(21,351,876)	$ 50,604,764	$ 47,791,256

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Consolidated Statement of Cash Flow
For the year ended March 31, 2003

Statement 3

	Operating Fund		Restricted Funds			
	2003	2002	Capital Fund	Community Trust and Endowment Funds	Total 2003	Total 2002
Cash Provided By (Used In):	**Operating Activities**			**Financing and Investing Activities**		
Excess (deficiency) of revenues over expenses	1,044,213	(557,513)	873,190	(24,788)	848,402	2,095,049
Net change in non-cash working capital (note 8)	(592,309)	798,061	(460,205)	(2,066)	(462,271)	6,388,773
Non-cash expenditures:						
Amortization			3,853,269		3,853,269	4,111,228
Loss on disposal of capital assets			546,204		546,204	
	451,904	240,548	4,812,458	(26,854)	4,785,604	12,595,050
Purchase of capital assets			(6,111,460)		(6,111,460)	(12,428,817)
Proceeds on disposal of capital assets			2,531		2,531	
	0	0	(6,108,929)	0	(6,108,929)	(12,428,817)
Long-term debt issued			500,000		500,000	
Loan principal repaid			(795,194)		(795,194)	(681,239)
	0	0	(295,194)	0	(295,194)	(681,239)
Net Increase (Decrease) in Cash and Investments during the Year	451,904	240,548	(1,591,665)	(26,854)	(1,618,519)	(515,006)
Cash and investments, beginning of year	(11,282,110)	(10,678,025)	2,396,303	2,403,901	4,800,204	4,470,577
Interfund transfers (note 15)	(1,965,106)	(844,633)	2,145,627	(180,521)	1,965,106	844,633
Cash and Investments, End of Year	$(12,795,312)	$(11,282,110)	$ 2,950,265	$ 2,196,526	$ 5,146,791	$ 4,800,204
Represented By:						
Cash and short-term investments	83,236	453,712	2,897,265	2,051,572	4,948,837	4,348,909
Investments	346,315	177,893	53,000	144,954	197,954	451,295
Bank indebtedness	(13,224,863)	(11,913,715)				
	$(12,795,312)	$(11,282,110)	$ 2,950,265	$ 2,196,526	$ 5,146,791	$ 4,800,204

See accompanying notes to the financial statements.

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed The Regional Health Services Act (the Act). This Act creates the Regional Health Authorities whose purpose is to govern the delivery of health services as well as establishing and governing health regions and Regional Health Authorities in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Sunrise Regional Health Authority (RHA) was created by The Regional Health Services Act. The RHA is responsible for the planning, organization, delivery and evaluation of health services within the geographic area know as the Sunrise health region.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Amalgamation of Organizations

The RHA has also entered into affiliation agreements with and provides funding to certain healthcare organizations to provide health services. These affiliated organizations include:

St. Anthony's Hospital
St. Peter's Hospital
St. Paul Lutheran Home of Melville

The relationships with affliliates are governed by specific agreements including operating agreements. Since these affiliates provide integral services that enable the RHA to achieve its mandate and purpose and are reliant on the RHA for funding, the RHA has prepared consolidated financial statements. The consolidated financial statements include the accounts of RHA and its affiliates, after elimination of intercompany transactions and balances.

(b) The Health Foundation of East Central Saskatchewan Inc. (the Foundation)

The Foundation is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payment of reasonable expenses must be paid to the RHA.

These financial statements do not include the financial activities of the Foundation. Note 17 describes the financial position and results of operation of the Foundation for the year ended December 31, 2002.

2. **Significant Accounting Policies** (continued)

(c) Fund accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

(i) Operating fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of dietary fees and recoveries. Expenses are for the delivery of health services.

(ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations and investment income designated for capital purposes. Expenses consist primarily of interest on long-term mortgages and amortization of capital assets.

(iii) Community trust and endowment fund

Community trust

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the district from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

Endowment fund

Under the terms of the will of the late Dr. Borys Tolczynski, the RHA administers an endowment fund. The interest from this fund is to be used for education and training expenditures which benefit the health district. Unexpended interest each year is added to the endowment principal. The RHA cannot encroach upon the original endowment bequest of $201,771 plus unexpended interest except in special circumstances.

2. **Significant Accounting Policies** (continued)

(d) Revenue

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations is recorded as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

(e) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	4% to 10%
Buildings	2% to 4%
Equipment	4% to 25%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

(f) Inventories

Inventories consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at the lower of cost and net realizable value. Cost is determined on an average cost basis.

(g) Investments

Investments are valued at the lower of cost or net realizable value.

(h) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation on the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

3. **Capital Assets**

	March 31, 2003			2002
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	253,741		253,741	271,740
Land improvements	713,983	583,818	130,165	114,795
Buildings and service equipment	81,718,030	31,416,315	50,301,715	39,116,850
Equipment	35,781,807	28,213,819	7,567,988	7,349,674
Construction in progress	422,445		422,445	10,113,540
	$ 118,890,006	$ 60,213,952	$ 58,676,054	$ 56,966,599

4. **Commitments**

Capital asset acquisitions

At March 31, 2003, commitments for acquisition of capital assets were $107,628, (2002 - $1,523,122).

Supplier payments

At March 31, 2003, commitments for outstanding purchase orders were $832,446, (2002 - $630,047).

Capital projects

The RHA has approved a capital project for health services based in Yorkton with a budgeted cost of $16,485,000. This project includes additions to the Yorkton and District Nursing Home to allow for the relocation of 93 long-term care beds from other locations in Yorkton, the addition to, or renovation of, facilities to relocate other health-care services provided by the region and the acquisition of furniture and equipment totalling $1,550,000. At March 31, 2003, costs incurred total $232,900 and are included in construction in progress in these financial statements. Saskatchewan Health will provide $10,000,000 of funding with fundraising events and donations from individuals, municipalities and corporations covering the balance. The project is expected to be finalized by March 31, 2005.

The RHA has approved a capital project for St. Anthony's Hospital in Esterhazy with a budgeted cost of $358,000. This project consists of a fire alarm upgrade and sprinkler system installation. Saskatchewan Health will provide $232,800 of funding with St. Anthony's Hospital Foundation covering the balance. The project will occur during the year ended March 31, 2004.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2003	2002
Yorkton and District Nursing Home				
CMHC, due September 1, 2018	5.875%	$23,481	239,654	248,930
CMHC, due June 1, 2027	8.000%	$69,670	753,167	763,134
CMHC, due November 1, 2022	5.420%	$163,120 of which $57,689 is subsidized by CMHC yielding an effective interest rate of 2.53%	1,980,083	2,035,013
Foam Lake Jubilee Home				
CMHC, due February 1, 2008	7.500%	$5,834	20,540	24,689
CMHC, due May 1, 2017	5.750%	$10,911	106,008	110,748
CMHC, due January 1, 2022	4.970%	$42,712 of which $13,119 is subsidized by CMHC yielding an effective interest rate of 2.42%	523,682	540,184
Lakeside Manor Care Home				
CMHC, due August 1, 2021	4.86%	$96,473 of which $31,472 is subsidized by CMHC yielding an effective interest rate of 2.15%	1,176,657	1,215,482
Theodore Health Centre				
CMHC, due December 1, 2023	6.450%	$57,962 of which $18,253 is subsidized by CMHC yielding an effective interest rate of 3.62%	666,555	681,558
Centennial Special Care Home				
CMHC, due September 1, 2026	8.000%	$27,884	298,250	302,480
CMHC, due April 1, 2022	5.790%	$56,944 of which $21,458 is subsidized by CMHC yielding an effective interest rate of 2.52%	660,338	678,839
Invermay Health Centre				
CMHC, due March 1, 2017	5.620%	$28,797 of which $10,197 is subsidized by CMHC yielding an effective interest rate of 1.96%	279,795	292,654
CMHC, due May 1, 2022	5.620%	$41,294 of which $10,850 is subsidized by CMHC yielding an effective interest rate of 3.31%	485,459	499,356

5. Mortgages Payable (continued)

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2003	2002
Norquay Health Centre				
CMHC, due March 1, 2017	5.620%	$28,152 of which $9,177 is subsidized by CMHC yielding an effective interest rate of 2.24%	273,528	286,100
CMHC, due July 1, 2022	5.620%	$42,319 of which $11,124 is subsidized by CMHC yielding an effective interest rate of 3.33%	500,421	514,506
Canora Gateway Lodge				
CMHC, due January 1, 2023	7.250%	$30,450	322,469	329,606
CMHC, due April 1, 2017	5.620%	$52,327 of which $20,393 is subsidized by CMHC yielding an effective interest rate of 1.62%	510,328	533,591
Kamsack Nursing Home				
Sask Finance, due June 1, 2005	5.375%	$4,708	12,731	16,549
Sask Finance, due May 1, 2007	5.375%	$307	1,314	1,538
CMHC, due March 1, 2007	4.910%	$92,034 of which $24,055 is subsidized by CMHC yielding an effective interest rate of 2.64%	929,048	978,351
Preeceville Lions Housing				
CMHC, due May 1, 2016	5.375%	$5,115	48,359	50,831
CMHC, due July 1, 2005	5.375%	$6,435	14,089	19,615
CMHC, due June 1, 2006	5.620%	$50,275 of which $13,293 is subsidized by CMHC yielding an effective interest rate of 0.00%	219,062	256,038
St. Paul Lutheran Home of Melville				
CMHC, due September 1, 2017	5.750%	$15,859	161,520	168,000
CMHC, due August 1, 2022	5.520%	$113,262 of which $44,206 is subsidized by CMHC yielding an effective interest rate of 2.23%	1,350,937	1,388,909
St. Peter's Facility				
Melville Credit Union	5.000%	$191,677	500,000	

5. Mortgages Payable (continued)

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2003	2002
Ituna & District Pioneer Lodge				
CMHC, due April 1, 2025	8.000%	$28,656	300,123	306,952
Esterhazy Centennial Special Care Home				
CMHC, due April 1, 2025	6.875%	$20,918	206,287	214,177
CMHC, due July 1, 2019	4.220%	$46,712 of which $11,159 is subsidized by CMHC yielding an effective interest rate of .79%	620,151	641,903
East Central Regional Laundry				
Bank of Montreal, due January 1, 2009	6.670%	$472,993	2,280,609	2,606,738
			15,441,164	15,706,471
Less: Current portion			1,260,155	730,453
			$ 14,181,009	$ 14,976,018

For each of the mortgages, the RHA has pledged the related buildings of the facilities as security. Principal amounts due in each of the next five years are estimated as follows:

2004	$ 1,260,155
2005	805,900
2006	850,600
2007	894,600
2008	944,300

6. Obligations under Capital Lease

The RHA leases medical equipment under a capital lease arrangement. Future minimum lease payments required under these capital leases are as follows:

2004	34,167
2005	34,167
	68,334
Less: Interest at 6%	3,945
	64,389
Less: Current portion	31,233
	$ 33,156

Interest expense related to the capital lease obligations totalled $4,748 in 2003 (2002 - $6,457).

7. Deferred Revenue

Program	Balance, Beg. of Year	Amount Recognized from Sask. Health	Amount Received from Sask. Health	Amount Recognized from Other Sources	Amount Received from Other Sources	Balance, End of Year
Intersectoral Youth	85,372	35,256	60,000			110,116
Adolescent Sex Offender	35,162	21,592	61,418			74,988
Regional Health Authority	90,000	90,000				
Kids First	200,537	473,417	634,752			361,872
Diabetes Care	38,075		47,500			85,575
Needle Exchange	7,500	4,289	10,000			13,211
Mother's Support	28,074	32,000	32,000			28,074
Rural Health Initiative	84,643	84,643				
Comm. Health Initiative	3,407	3,407				
Acquired Brain Injury	968			55,268	67,683	13,383
Birth Screening			1,500			1,500
Women's Health Fairs & Clinics	7,154			7,154		
LT Drinking Water		26,164	38,000			11,836
Mental Health Conf.	6,096			4,594		1,502
Circle of Strength	32,014			32,014		
Mortgage Subsidy	1,013			1,013		
Other	92,887			30,161	74,012	136,738
Capital fundraising	1,875			1,875		
Health Improvement Initiatives	224,077	224,077				
Diabetes Prevention	40,554	5,436	40,000			75,118
Wellness Initiatives	49,341		16,022			65,363
Family resource	60,501			47,324	29,597	42,774
PH Information System					10,000	10,000

7. Deferred Revenue (continued)

Program	Balance, Beg. of Year	Amount Recognized from Sask. Health	Amount Received from Sask. Health	Amount Recognized from Other Sources	Amount Received from Other Sources	Balance, End of Year
Informal Consultations on Needle Use			5,000			5,000
Surgical Waiting List			25,000			25,000
Aboriginal Awareness Training			40,000			40,000
Kamsack Home Visiting-Child Action Plan					20,000	20,000
Clinical Ed & Training			99,190			99,190
	$ 1,089,250	$ 1,000,281	$ 1,110,382	$ 179,403	$ 201,292	$ 1,221,240

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

8. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds			
	2003	2002	Capital Fund	Community Trust and Endowment Funds	Total 2003	Total 2002
Decrease (increase)						
- accounts receivable	(999,163)	(930,655)	1,001,787	(2,066)	999,721	4,842,415
- inventory	362,604	36,989				
- prepaid expenses	(80,260)	(106,499)				5,415
Increase (decrease)						
- accounts payable	(828,890)	(935,116)	(1,525,511)		(1,525,511)	1,539,585
- accrued liabilities	807,915	2,469,572	77,014		77,014	345
- deferred revenue	145,485	263,770	(13,495)		(13,495)	1,013
	$(592,309)	$ 798,061	$(460,205)	$(2,066)	$(462,271)	$ 6,388,773

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents utilizing the RHA's facilities. The funds are held in separate trust accounts on behalf of the patients or residents at each facility. The total cash held in trust as at March 31, 2003 was $269,345 (2002 - $337,596). These amounts are not reflected in the financial statements.

10. Related Party Transactions

Included in these financial statements are transactions with related parties, including various Saskatchewan crown corporations, departments, boards and commissions related to the RHA by virtue of its economic interest with the Government of Saskatchewan.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

Expenses	2003	2002
Sask.Workers' Compensation Board	$ 1,742,528	$ 1,751,703
Sask. Power	1,033,316	824,289
Sask. Property Management Corporation	1,369,917	1,186,155
Sask. Tel	702,475	543,950
Sask. Energy	517,080	674,018

11. Comparative Figures

Certain 2002 balances have been reclassified to conform with the current year's presentation.

12. Pension

Employees of the RHA participate in one of the following pension plans. Some employees participate in the retirement plan of the Saskatchewan Association of Health Organizations (a related party) who is responsible for the plan which is a multi-employer defined benefit plan. Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan. Both of these plans are the responsibility of the Province of Saskatchewan. The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $3,027,919 (2002 - $2,848,402) and is included in benefits.

13. Budget

The annual budget, which is included in the RHA's Health Plan, was approved by the RHA and the Minister of Health.

14. Financial Instruments

(a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

(b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

(c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short-term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.
- The fair value of mortgages payable before the repayment required within one year approximates the book value of the mortgages.

(d) Operating line-of-credit

The RHA has an approved operating line-of-credit limit of $15,500,000 (2002 - $15,800,000) with interest charged at a rate of prime less 0.25% which is renegotiated annually. The line-of-credit is secured by an assignment of grants and revenues of the RHA. Total interest paid on the line-of-credit in 2003 was $397,248 (2002 - $597,666). The line-of-credit was approved by the Minister on October 7, 1998.

15. Interfund Transfers

	Operating Fund		Restricted Funds	
	2003	2002	2003	2002
Capital asset purchases by Operating Fund	(181,206)	(229,227)	181,206	229,227
Replacement reserve allocations	(159,882)	(159,882)	159,882	159,882
Mortgage principal and interest paid by Operating Fund	(272,237)	(272,621)	272,237	272,621
Operating revenue internally restricted for capital purposes	(362,517)	(362,517)	362,517	362,517
Operating expenditures financed by replacement reserve	3,722	7,380	(3,722)	(7,380)
Operating expenditures financed by Community Trust Funds	2,034	16,085	(2,034)	(16,085)
Operating transfer upon amalgamation		(91,972)		91,972
Operating surplus restricted by RHA Board for capital purposes	(1,000,000)		1,000,000	
Operating expenditures financed by Capital Fund	4,980	248,121	(4,980)	(248,121)
	$(1,965,106)	$(844,633)	$ 1,965,106	$ 844,633

16. Affiliates and Health Care Organizations

The RHA has entered into agreements with certain organizations to provide health care services.

The following organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to the affiliates:

	2003	2002
St. Anthony's Hospital	2,073,016	1,980,741
St. Peter's Hospital	4,841,702	4,705,971
St. Paul Lutheran Home of Melville	5,083,783	4,931,224
	$ 11,998,501	$ 11,617,936

The consolidated financial statements include the accounts of RHA and the above affiliates, after elimination of intercompany transactions and balances.

The following health care organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to the health care organizations:

	2003	2002
Melville & District Alcohol & Drug Abuse Centre Inc.	135,652	135,276
Parkland Alcohol & Drug Abuse Society Inc.	113,039	108,035
Society for Involvement of Good Neighbours Inc.	216,468	176,141
	$ 465,159	$ 419,452

17. Foundation

Fund-raising efforts are undertaken through a non-profit business corporation known as The Health Foundation of East Central Saskatchewan Inc. The Foundation's year-end is December 31.

	2002	2001
Statement of Financial Position		
Total assets	$ 1,930,698	$ 706,613
Total liabilities	405,553	29,676
Total net assets	1,525,145	676,937
	$ 1,930,698	$ 706,613

In accordance with donor-imposed restrictions, $1,238,057 (2001 - $306,708) of the Foundation's net assets must be used for specified purposes.

Results of Operation		
Total revenues	2,014,636	422,421
Total contributions to the RHA	(879,058)	(159,873)
Total operating expenses	(287,369)	(283,153)
Excess (deficiency) of revenue over expenses	$ 848,209	$(20,605)
Cash Flows		
Cash from operations	1,203,454	(74,568)
Cash from financing and investing activities	0	0
Increase (decrease) in cash	$ 1,203,454	$(74,568)

18. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

Sunrise Regional Health Authority

Schedule of Restricted Fund Balances
For the year ended March 31, 2003

Statement 1

	Capital Fund 2003	Community Trust and Endowment Funds 2003	Total 2003	Total 2002
Revenue				
Saskatchewan Health - General Revenue Fund	4,054,886		4,054,886	2,169,419
CMHC mortgage subsidies	284,815		284,815	366,827
Transfers from Health Foundation	1,439,550		1,439,550	150,166
Other grants from foundations	330,599		330,599	4,139,598
Donations	278,727		278,727	165,527
Investment income	33,527	61,885	95,412	215,062
Other				42,236
	6,422,104	61,885	6,483,989	7,248,835
Expenses				
Acute services	2,383,105	86,673	2,469,778	2,198,732
Supportive care services	2,716,188		2,716,188	2,351,367
Home-based services	56,030		56,030	82,583
Health improvement initiatives	599		599	3,363
Health & wellness centres				3,259
Community care initiatives				2,316
Emergency response services	29,888		29,888	70,329
Alcohol and drug services	671		671	1,220
Community health services	9,151		9,151	12,100
Mental health services	13,040		13,040	33,912
Rehabilitation services	135		135	3,304
Regional laundry services	340,107		340,107	391,301
	5,548,914	86,673	5,635,587	5,153,786
Excess (Deficiency) of Revenues Over Expenses	873,190	(24,788)	848,402	2,095,049
Fund balances, beginning of year	45,382,683	2,408,573	47,791,256	44,851,574
Interfund transfers (note 15)	2,145,627	(180,521)	1,965,106	844,633
Fund Balances, End of Year	$ 48,401,500	$ 2,203,264	$ 50,604,764	$ 47,791,256

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Schedule of Expenses by Object
For the year ended March 31, 2003

Statement 2

	2003	2002
Operating:		
Ambulance service grants	1,886,057	1,715,080
Benefits	12,769,962	11,877,051
Contract/professional fees	807,789	626,210
Diagnostic imaging supplies	403,331	445,552
Drugs	1,833,043	1,622,696
Food	2,277,303	2,369,897
Grants to third parties	522,406	642,694
Housekeeping and laundry supplies	720,980	691,504
Information technology contracts	129,817	88,773
Information technology licences	53,416	341
Insurance	213,736	196,010
Interest expense	485,549	604,142
Laboratory supplies	911,646	862,505
Medical and surgical supplies	2,388,391	2,425,504
Medical remuneration and benefits	2,767,188	2,444,763
Office supplies and other office costs	723,211	845,920
Other	2,327,389	2,081,286
Prosthetics	563,313	527,682
Purchased services	1,363,543	955,265
Rent/lease	739,738	636,989
Repairs and maintenance	1,349,304	1,272,073
Salaries	75,754,305	72,351,070
Telephone	328,152	271,610
Travel expenses	1,032,486	979,367
Utilities	3,068,674	2,904,888
	$ 115,420,729	$ 109,438,872
Restricted:		
Amortization	3,853,269	4,111,228
Interest on long-term liabilities	889,019	1,030,314
Loss on disposal of capital assets	546,204	
Other	347,095	12,244
	$ 5,635,587	$ 5,153,786

Certain prior year figures have been reclassified to conform with current year presentation.

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Schedule of Cash and Investments
For the year ended March 31, 2003

Statement 3

	Maturity Date	Effective Rate	Restricted Amount	Unrestricted Amount	Total
Cash and Short-Term Investments:					
Cash, chequing and savings accounts			4,592,329	83,236	4,675,565
Term deposits					
Theodore Credit Union Ltd	04/07/2003	2.25%	100,000		100,000
Melville Credit Union Ltd.	06/26/2003	1.35%	58,665		58,665
			158,665	0	158,665
Guaranteed investment certificates					
Royal Bank of Canada	06/14/2003	5.60%	51,000		51,000
Royal Bank of Canada	03/13/2004	2.25%	93,537		93,537
			144,537	0	144,537
Bonds and debentures					
Province of Saskatchewan					
Coupon bond	12/01/2003	5.28%	53,306	0	53,306
Total Cash and Short-Term Investments			4,948,837	83,236	5,032,073
Long-Term Investments:					
The carrying amounts of the long-term investments approximate fair value.					
	Maturity Date	Effective Rate	Restricted Amount	Unrestricted Amount	Total
Bonds and debentures					
Province of Saskatchewan					
Savings Bonds Series 9	07/15/2005	5.75%		98,100	98,100
Savings Bonds Series 9	07/15/2005	5.75%	64,000		64,000
Bond Coupon	08/23/2005	3.15%		20,215	20,215
Guaranteed investment certificates					
Royal Bank of Canada	06/14/2004	5.75%	51,000		51,000
Royal Bank of Canada	06/14/2005	6.35%		51,000	51,000
Royal Bank of Canada	03/05/2006	5.60%		20,000	20,000
Royal Bank of Canada	06/14/2006	5.60%		51,000	51,000
Royal Bank of Canada	12/03/2006	4.80%		55,000	55,000
Royal Bank of Canada	06/14/2007	2.25%		51,000	51,000
Term deposits					
Melville Credit Union Ltd.	06/14/2005	5.60%	42,500		42,500
Melville Credit Union Ltd.	03/01/2005	6.25%	38,454		38,454
Notes receivable - Melville physicians					
Advanced August 2001	06/14/2006	0.00%	2,000		2,000
Total Long-Term Investments			197,954	346,315	544,269
Total Cash and Investments			$ 5,146,791	$ 429,551	$ 5,576,342

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Schedule of Externally Restricted Funds
For the year ended March 31, 2003

Statement 4

	Balance, Beginning of Year	Investment Income	Capital Expenditures	Operating Expenses	Balance, End of Year
Pre-Amalgamation Trust Accounts:					
Foam Lake Health Centre	20,226	540			20,766
Langenburg Health Centre	531,926	13,483	(4,375)	(83,490)	457,544
Theodore Health Centre	116,401	3,208	(6,355)		113,254
Yorkton & District Nursing Home	420,018	11,222			431,240
Lakeside Manor Care Home	16,347	437			16,784
Canora Hospital	49,744	518	(46,870)		3,392
Preeceville Hospital	106,901	2,581			109,482
Invermay Health Centre	25,312	211	(7,211)		18,312
Gateway Lodge - Canora	155,152	2,997	(56,107)		102,042
Gateway Lodge - Invermay	52,424	287	(14,373)		38,338
Preeceville Lions Housing	140,147	3,384			143,531
Centennial Special Care Home	172,052	5,931	(44,484)		133,499
Home Care	66,596	3,696			70,292
Neudorf Health Centre	60,123	1,896	(3,347)		58,672
Melville Ambulance	92,117	1,268		417	93,802
	2,025,486	51,659	(183,122)	(83,073)	1,810,950
Endowment Fund					
Dr. Borys Tolczynski Memorial Fund	383,088	10,226	0	(1,000)	392,314
	$ 2,408,574	$ 61,885	$(183,122)	$(84,073)	$ 2,203,264

	Balance, Beginning of Year	Investment Income	Donations	Expenses	Withdrawals	Balance, End of Year
Capital Fund						
Donations for Capital Assets						
St. Anthony's Hospital	28,032					28,032
Millette Fund	(819)					(819)
Canora Hospital	9,223	264	11,418	(968)	(6,131)	13,806
Kamsack Hospital	12,230	528	53,168	(650)	(20,300)	44,976
Preeceville Hospital	42,353	1,140	10,409		(953)	52,949
Invermay Health Centre	477	7	1,806	(409)	(1,426)	455
Norquay Health Centre	10,479	177	6,042		(12,542)	4,156
Gateway Lodge - Canora	93,973	2,284	10,140	(3,721)	(5,839)	96,837
Preeceville Lions Housing	3,784	78	2,039		(3,558)	2,343
Community Services	15,745	215	3,620		(19,568)	12
	$ 215,477	$ 4,693	$ 98,642	$(5,748)	$(70,317)	$ 242,747

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Schedule of Externally Restricted Reserves
For the year ended March 31, 2003

Statement 5

	Balance, Beginning of Year	Current Year Allocation	Investment Income	Capital Expenditures	Operating Expenses	Balance, End of Year
Capital						
Replacement Reserve Funds:						
Yorkton & District Nursing Home	296,042	21,504	7,978	(12,310)		313,214
Foam Lake Jubilee Home	25,672	11,592	834			38,098
Langenburg Centennial Special Care Home	104,306	10,284	2,251	(50,699)	(1,941)	64,201
Lakeside Manor Care Home	102,935	8,004	2,830	(4,764)		109,005
Anderson Lodge	103,429	13,848	2,864	(39,806)		80,335
Ambulance replacement	33,389		892			34,281
St. Paul Lutheran Home	114,332	35,000	5,192	4,112		158,636
Esterhazy Centennial Special Care Home	99,207		2,392	(17,699)		83,900
Pioneer Lodge	36,434		945			37,379
Gateway Lodge - Canora	412	14,254		(5,017)		9,649
Gateway Lodge - Invermay	7,276	7,000	115	(9,086)		5,305
Gateway Lodge - Norquay	16,339	7,000	213	(13,500)	(838)	9,214
Kamsack Nursing Home	27,734	14,596	393	(21,027)		21,696
Preeceville Lions Housing	80,431	16,800	1,872	(6,261)	(26)	92,816
	1,047,938	159,882	28,771	(176,057)	(2,805)	1,057,729
Other Internally Restricted Funds						
Other	2,473,239	452,528	4,756			2,930,523
Operating surplus restricted by RHA board for capital purposes		1,000,000				1,000,000
	$ 3,521,177	$ 1,612,410	$ 33,527	$(176,057)	$(2,805)	$ 4,988,252
Operating						
Other internally restricted funds						
Community care initiatives	139,454				(139,454)	
St. Paul Lutheran Home General Fund	154,341		21,249		(24,781)	150,809
	$ 293,795	$ 0	$ 21,249	$ 0	$(164,235)	$ 150,809

The Board is required to maintain certain reserves for the replacement of building and building service equipment as a condition of receiving a mortgage interest subsidy from CMHC.

See accompanying notes to the financial statements.